

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101049993

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52		1			
3							53					
4			S				54		1			
5							55					
6							56		1			
7			A				57		1			
8							58					
9							59		1			
10			M				60		1			
11							61	1				
12			l				62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46	1						96					
47		1					97					
48							98					
49							99					
50							100					
TOTAL IND.	3		3				TOTAL IND.					
TOTAL DEP.	58		56				TOTAL DEP.					
TOTAL CLAIMS	61		61				TOTAL CLAIMS					